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APPLICANTS

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** CONTINUING DATA *NO, A.P.* *****

** FOREIGN APPLICATIONS *NO, A.P.* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 08/23/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged
 Examiner's Signature *[Signature]* Initials *A.P.*

ADDRESS
 32205
 PATTI & BRILL
 ONE NORTH LASALLE STREET
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TITLE
 Preventing activation of audible incoming call indicators based on geographical area

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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